



Section	Infection Prevention	Effective:	8/18/16
Sub-section		Version:	2.0
Policy	Hand Hygiene	Last Revised:	DRAFT
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	Hand Hygiene eff. 8/18/16		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To ensure all Santa Barbara County Psychiatric Health Facility (hereafter, the "PHF") staff are aware of follow the proper Hand Hygiene principles and practices in accordance with the Centers for Disease Control and Prevention guidelines of proper hand hygiene, washing and disinfection. Hand hygiene includes hand washing, use of alcohol-based hand rubs, and nail care. the general care and maintenance of the hands and nails
- 1.2. To maintain the highest standards of infection control and prevention to reduce by reducing the risk of healthcare associated infection in patients, visitors, and staff.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. Hand Hygiene – hand washing, use of alcohol-based hand rubs, and nail care.

3. POLICY

- 3.1. All PHF staff shall perform Hand Hygiene throughout the staff's entire shift. All PHF staff shall perform hand hygiene as per policy and in accordance with the Centers of Disease Control and Prevention (CDC) guidelines. Hand hygiene shall be practiced before and after each patient contact (even if gloves are worn), after contact with the patient environment, before an aseptic procedure and after exposure to blood and/or body fluids. All staff are required to wash, rinse, and dry their hands or apply an alcohol-based hand rub throughout his/her shift. In addition to the above five moments for hand hygiene, hand hygiene should also be performed

~~including but not limited to before beginning work, after using the rest room and prior to leaving work.~~

4. **HAND HYGIENE GUIDELINES**

4.1. PHF staff should perform Hand Hygiene:

1. Before beginning work;
2. After using the rest room;
3. Prior to leaving work
4. Before and after each patient contact (even if gloves are worn);
5. After contact with the patient environment;
6. Before aseptic procedure; and
7. After exposure to blood and/or body fluids.

4.2. PHF staff should:

1. Wash hands with soap and water:
 - a. After they have gone to the restroom.
 - a.b. When hands are visibly dirty or are visibly soiled with blood or body fluids, wash hands with either antimicrobial soap and water and
 - c. Hands should be washed with antimicrobial soap and water if aAfter contact with a Norovirus and C. Difficile positive patient or environment, is anticipated.
 - i. An Alcoholalcohol-based hand rub is not an effective cleaning agent against these bacteria spores of C. Difficilethis is bacteria.
 2. Use an alcohol-based hand rub for routine decontamination of the hands If hands are not visibly soiled, use an alcohol-based hand rub for decontaminating hands in all other clinical situationssituations such asincluding but not limited to: Examples include:
 - a. Before direct contact with a patient's intact skin (taking a pulse or blood pressure, etc.);
 - b. Before donning gloves to insert invasive devices or performing aseptic procedures;
 - b.c. After the removal of gloves;
 - e.d. After skin or mucous membrane contact;
 - d.e. When mMoving from a contaminated body site to a clean body site during patient care; and
 - e.f. After contact with inanimate objects (including medical equipment) in the the immediate vicinity of the patient patient's environment.
1. After contact with mucous membranes, non-intact skin, body fluids or

~~excretions and wound dressings if hands are not visibly soiled.~~

~~1.1. It is recommended that artificial nails not be worn when having contact with patients in high risk areas.~~

~~1. All natural nail tips should not exceed 1/4 inch in length.~~

- ~~3. Keep fingernails and nail polish in good repair without cracks or chips. Nail Polish, if worn, must be in good repair without cracks or chips. Shellac polish manicures are currently acceptable.~~

5. **HAND WASHING PROCEDURES**

5.1. When performing hHand hHygiene, PHF staff should:

1. ~~w~~Wet hands and apply soap;:-

2. Rub all surfaces of the hands, fingers, thumbs and wrists for a minimum of 20 seconds using friction and warm water;:-

~~5.1. Wet hands first with water and apply an amount of product recommended by the manufacturer. Rub hands together vigorously using a circular motion.~~

~~5.2. Interlace the fingers and rub briskly ensuring that you get the back of each hand.~~

~~5.3. Rotational rub right thumb with left hand, then left thumb with right hand. Rub back and forth with tops of fingers in the palm of each hand.~~

3. Rinse hands with water;:-

4. ~~t~~Turn off the faucet using a paper towel;:-; andand

4.5. ~~D~~ry hands thoroughly with a clean, disposable paper towel. Use towel to turn off faucet. Use warm but not hot water, as hot water may increase the risk of dermatitis.. The entire procedure should take 40-60 seconds.

6. **ALCOHOL-BASED HAND RUB PROCEDURE**

6.1. PHF staff should:

1. Follow the recommendations of the manufacturer regarding the volume of product to use;:-

2. Apply product to palm of one hand and then rub hands together, covering all surfaces of hands, and fingers, fingers, thumbs, and wrists until hands are dry; and-

3. Wash hands after multiple uses of alcohol-based hand rub every 10-15-uses to remove any residue from the skin.

ASSISTANCE

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Infection Preventionist

REFERENCE

<https://text.apic.org/toc/basic-principles-of-infection-prevention-practice/hand-hygiene.apic.text.org>

Centers for Disease Control and Prevention
 Guidelines for Hand Hygiene in H-healthcare Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Morbidity and Mortality Weekly Report 2002 Oct; 51 (No. RR-16):1-45.

<https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

<http://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>

Code of Federal Regulations, Conditions of Participation
Title 42, Section 482.28

World Health Organization: 5 Moments for Hand Hygiene.
https://www.who.int/gpsc/tools/Five_moments/en/

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
<u>Draft</u>	<u>2.0</u>	<ul style="list-style-type: none"> <u>Revised Purpose Section;</u> <u>Added Hand Hygiene definition;</u> <u>Revised Policy Statement;</u> <u>Moved language from Policy statement into Guidelines section;</u> <u>Streamlined language in Section 5.</u>

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).